

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | SERIAL NO. | | FILING DATE | | | |
|---|----|------------------------|---|------------------------|---|--------------|------|-------------|------|------|------|
| | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | * | | * | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 4 | | ↓ | | | ↓ | | | ↓ | | |
| TOTAL DEP. | 8 | | ↔ | | ↔ | | ↔ | | ↔ | | ↔ |
| TOTAL CLAIMS | 12 | | | | | | | | | | |
| * MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS | | | | | | | | | | | |